

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 08/24/2006
 Kevin B. Laurence
 STOEL RIVES LLP
 One Utah Center
 201 South Main Street, Suite 1100
 Salt Lake City, UT 84111

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kevin B. Laurence (Depositor's name)
 Kevin B. Laurence (Signature)
 AUGUST 29, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/624,315

07/21/2003

Duane D. Blatter

11502/26:1 US

7286

TITLE OF INVENTION: APPARATUS AND METHODS FOR FACILITATING REPEATED VASCULAR ACCESS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

~~\$440~~ 700

\$300

\$0

~~\$440~~ 1,000

11/24/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
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DEAK, LESLIE R

3761

604-008000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Stoel Rives LLP

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Integrated Vascular Interventional
 Technologies, L.C., ("IVIT LC")

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Salt Lake City, Utah

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies Five (5)

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☐ A check is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 60-2375 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Kevin B. Laurence
 Kevin B. Laurence

Date

AUGUST 29, 2006

Typed or printed name


Kevin B. Laurence

Registration No.

38,219

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity) (37 C.F.R. 1.311)					Docket No. 11502/26	
Applicant(s): Duane D. Blatter						
AUG 29 2006 PATENT MAIL ROOM						
Application No. 107624,315	Filing Date July 21, 2003	Examiner Leslie R. Deak	Customer No. 32642	Group Art Unit 3761	Confirmation No. 7286	
Invention: APPARATUS AND METHODS FOR FACILITATING REPEATED VASUCLAR ACCESS						
Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450						
Transmitted herewith are the following for the above-identified application.						
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85 <input checked="" type="checkbox"/> Utility Fee: \$ 700.00 <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____ <input checked="" type="checkbox"/> Publication Fee: \$ 300.00 <input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below. <input type="checkbox"/> Charge the amount of _____ <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature Kevin B. Laurence Registration No. 38,219 Stoel Rives LLP One Utah Center 201 South Main Street, Suite 1100 Salt Lake City, Utah 84111 Telephone: 801-578-6932 Facsimile: 801-578-6999			Dated: <u>AUGUST 29, 2006</u>			
CC:						
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08/29/2006 14:48 FAX 801 578 6999

STOEL RIVES

001/004

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)Applicant(s): **Duane D. Blatter**

Docket No.

11502/26

Application No.

10/624,315

Filing Date

July 21, 2003

Examiner

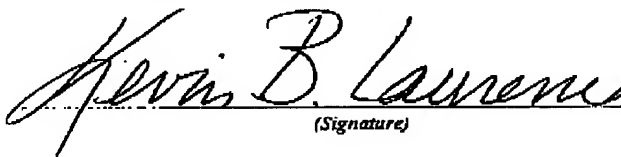
Leslie R. Deak

Group Art Unit

3761

Invention: **APPARATUS AND METHODS FOR FACILITATING REPEATED VASCULAR ACCESS**I hereby certify that this Transmittal of Payment of Issue Fee (including the items listed below)Mail Stop Issue Fee (Identify type of correspondence)is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-2885)on AUGUST 29, 2006
(Date)~~8300~~
2885**Kevin B. Laurence**

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(Signature)

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Transmittal of Payment of Issue Fee (1 pg.)
PTO-Form 2038 charging the amount of \$1,015.00
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Total Pages Transmitted 4

P18/REV02